

OIP-E IAP-23  
FEB 08 2007  
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2878  
PTO/SB/83 (01-06)  
Approved for use through 12/31/2008. OMB 0651-0035

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**REQUEST FOR WITHDRAWAL  
AS ATTORNEY OR AGENT  
AND CHANGE OF  
CORRESPONDENCE ADDRESS**

Application Number	09/881,104
Filing Date	6/15/01
First Named Inventor	Kiril A. Pandelisev
Art Unit	2878
Examiner Name	A. Gagliardi
Attorney Docket Number	

To: Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Please withdraw me as attorney or agent for the above identified patent application, and

- ☐ all the attorneys/agents of record.
- ☐ the attorneys/agents (with registration numbers) listed on the attached paper(s), or
- ☒ the attorneys/agents associated with Customer Number 000049801

NOTE: This box can only be checked when the power of attorney of record in the application is to all the practitioners associated with a customer number.

The reasons for this request are:

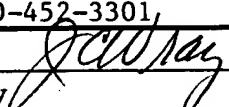
Applicant is appointing another patent attorney and has instructed us to send his files to him, which has been done.

**CORRESPONDENCE ADDRESS**

1. ☐ The correspondence address is NOT affected by this withdrawal.
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OR

<input checked="" type="checkbox"/> Firm or Individual Name	Kiril A. Pandelisev		
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Date	2/2/07	Telephone No.	703-442-4800

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